

United States District Court
For the District of Delaware

Acknowledgement of Service Form
For Service By Return Receipt

Civil Action No. 05-609 JJF

Attached below is a return receipt card reflecting proof of service
upon the named party on the date show.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <u>05-cv-609 JJF</u>		B. Received by (Printed Name) <u>R. Minnick</u>	C. Date of Delivery <u>10/13/05</u>
WARDEN RICK KEARNEY SUSSEX CORRECTIONAL INSTITUTE P.O. BOX 500 GEORGETOWN, DE 19947		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input checked="" type="checkbox"/> C.O.D.	
PS Form 3811, August 2001		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
7002 2030 0003 0026 441		Domestic Return Receipt	